State of Hawai`i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch

RFP No. HTH-121-05-03

Core HIV Prevention Services in Maui County

June 3, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

June 3, 2005

REQUEST FOR PROPOSALS

Core HIV Prevention Services In Maui County
RFP NO. HTH-121-05-03

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV prevention services to HIV-infected individuals, men who have sex with men, transgender individuals, and women at risk for HIV in Maui County. Services shall include primary prevention interventions for people living with HIV; HIV antibody counseling, testing and referral; and outreach. Services may also include individual-, group-, and community-level interventions, and prevention case management. The contract term will be from January 1, 2006 through December 31, 2007. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before July 15, 2005, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on July 15, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch will conduct an orientation June 21, at 1:00 p.m. in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are strongly encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on June 27, 2005. All written questions will receive a written response from the State on or about June 30, 2005.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Nighat Quadri at 3627 Kilauea Avenue #304, Honolulu, Hawai`i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: nquadri@camhmis.health.state.hi.us.
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Section 1 Administrative Overview

Section 2 - Service Specifications

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Section 1

Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. AUTHORITY

This RFP is issued under the provisions of the Hawai`i Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP ORGANIZATION

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. CONTRACTING OFFICE

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch

Department of Health
State of Hawai`i
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816
Telephone: (808) 733-9010; Fax: (808) 733-9015

IV. PROCUREMENT TIMETABLE

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	June 3, 2005
Distribution of RFP	June 3, 2005
RFP orientation session	June 21, 2005
Closing date for submission of written questions for written responses	June 27, 2005
State purchasing agency's response to applicants' written questions	June 30, 2005
Discussions with applicant prior to proposal submittal deadline (optional)	June 27, 2005
Proposal submittal deadline	July 15, 2005
Discussions with applicant after proposal submittal deadline (optional)	July-November 2005
Final revised proposals (optional)	July-November 2005
Proposal evaluation period	July-September 2005
Provider selection	September 30, 2005
Notice of statement of findings and decision	October 14, 2005
Contract start date	January 1, 2006

V. ORIENTATION

An orientation for applicants in reference to the request for proposals will be held as follows: June 21, 2004, at 1:00 p.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawai`i. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance, by calling Nighat Quadri at (808) 733-9281.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than 4:30 p.m. H.S.T., on June 27, 2005 in order to generate written state purchasing agency response.

VI. SUBMISSION OF QUESTIONS

Applicants may submit questions to the RFP Contact Person(s) identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency. Deadline for submission of written questions is June 27, 2005. All written questions will receive a written response from the state purchasing agency. State agency responses to applicant written questions will be provided by **June 30, 2005**.

VII. SUBMISSION OF PROPOSALS

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers.* Refer to the Proposal Application Checklist for the location of program specific forms.

1. Proposal Application Identification (Form SPO-H-200) - Provides identification of the proposal.

2. Proposal Application Checklist – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. Table of Contents - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. Proposal Application (Form SPO-H-200A) - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.**)**

5. Registration Form (SPO-H-100A) – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services*, and *For Private Providers* and *Provider Lists…The List of Registered Private Providers for Use with the Competitive Method of*

Procurement or call the State Procurement Office at (808) 587-4706.

6. **Tax Clearance –** A certified copy of a current valid tax clearance certificate issued by the State of Hawai`i, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

   Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

B. Program Specific Requirements - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.

C. Multiple or Alternate Proposals - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. Proposal Submittal - One (1) original and four (4) copies of the proposal are required. Proposals must be postmarked by the United States Postal Service no later than 12:00 midnight on July 15, 2005, or hand delivered to the STD/AIDS Prevention Branch by 4:30 p.m., July 15, 2005. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and shall not be accepted if received after 4:30 p.m., July 15, 2005. Proposals must be delivered to the following addresses, respectively:

Postal Deliveries:
STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
3627 Kilauea Avenue, Room 306

Honolulu, HI 96816

Hand Deliveries:
STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
728 Sunset Avenue, 2nd Floor
Honolulu, HI 96816

Any proposal postmarked or received after the designated date and time shall be rejected. Faxed proposals or proposals transmitted by e-mail are **not** acceptable.

E. **Wages and Labor Law Compliance -** Before a provider enters into a service contract in excess of $25,000, the provider shall certify that it complies with section 103-55, HRS, wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained form the Hawai`i State Legislature website at www.capitol.hawaii.gov. Or go directly to: www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm

F. **Confidential Information –** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. DISCUSSIONS WITH APPLICANTS

A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. **After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with section 3-143-403, HAR.

IX. OPENING OF PROPOSALS

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. ADDITIONAL MATERIALS AND DOCUMENTATION

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP AMENDMENTS

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. FINAL REVISED PROPOSALS

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. CANCELLATION OF REQUEST FOR PROPOSAL

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. COSTS FOR PROPOSAL PREPARATION

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. PROVIDER PARTICIPATION IN PLANNING

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawai`i Administrative Rules for Chapter 103F, HRS.

XVI. REJECTION OF PROPOSALS

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawai`i Administrative Rules for Chapter 103F, HRS, are parenthesized)

(1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)

(2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)

(3) Late proposals (Section 3-143-603, HAR)

(4) Inadequate response to request for proposals (Section 3-143-609, HAR)

(5) Proposal not responsive (Section 3-143-610 (1), HAR)

(6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. NOTICE OF AWARD

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawai`i is not liable for any costs incurred prior to the official starting date.

XVIII. PROTESTS

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP). Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawai`i Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawai`i Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency
Name: Chiyome Leinaala Fukino, M.D.
Title: Director of Health
Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI

Procurement Officer
Name: Ann Kinningham
Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI

XIX. AVAILABILITY OF FUNDS

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai`i,

pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. MONITORING AND EVALUATION

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance Measures

(2) Quality of Services

(3) Financial Management

(4) Administrative Requirements

XXI. GENERAL AND SPECIAL CONDITIONS OF CONTRACT

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. COST PRINCIPLES

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2
Service Specifications

I. INTRODUCTION

A. Overview, purpose or need

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai`i State Department of Health is to empower people in Hawai`i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV, STD and hepatitis C services provided by the Hawai`i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure HIV prevention services that will reduce the transmission of HIV.

B. Description of the goals of the service

Increase knowledge of serostatus and reduce the frequency of HIV risk behaviors among the indicated populations in Maui County.

C. Description of the target population to be served

The STATE seeks services to the Priority Populations identified by the Hawai`i State HIV Prevention Community Planning Group (CPG) in the 2005 Update to the Comprehensive HIV Prevention Plan for Hawai`i ("The Plan"). Services shall be provided to:

1. Persons living with HIV.

As stated in the Plan, people living with HIV are the highest priority population for primary prevention services. The "Prevention for Positives" (P4P) services requested herein aim to reduce new HIV infections by assisting individuals in reducing their risk of transmitting HIV to others. Given that many individuals living with HIV may not

need care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others, P4P services must not be limited only to clients of a provider's care case management services, and agencies must make P4P services available outside of the agency.

All available data indicates clearly that the majority of HIV infected individual in all areas of the state are MSM. Therefore the bulk of P4P clients will most likely be MSM, and P4P programs must be designed accordingly. Programs must also, however, be prepared to provide P4P services to HIV infected individuals who are at risk for transmitting HIV and who are not MSM.

Most individuals living with HIV are also members of the other priority population. When appropriate, services to each of the other priority populations should be inclusive of individuals within that population who are living with HIV.

2. Men who have sex with men and inject drugs (MSM/IDU)

While the population of MSM/IDU may be small, their HIV risk is often extremely high. This RFP does not require services that are specifically designed to reach MSM/IDU. However, P4P services, and services for MSM must be inclusive of MSM/IDU. P4P and MSM services that are provided to MSM/IDU must address injection-related risk, and every effort must be made to ensure that these individuals are linked with syringe exchange services.

3. Men who have sex with men (MSM)

MSM represent the majority of persons living with HIV in the State. This priority population includes both adult and young MSM, and men who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual. In providing the requested services to MSM, particular attention must be paid to MSM who have female sexual partners, and to reducing risk to female partners.

4. Injecting drug users (IDU)

This includes male, female and transgender IDU of all ages. While the STATE provides comprehensive HIV prevention services to IDU through the statewide syringe exchange program, this RFP supports HIV counseling and testing to IDU. In addition, all SAPB-funded providers shall make every effort to link clients with injection-related risk to the syringe exchange program.

5. Transgender individuals (TG) at risk

For the purposes of these services, TG is used to refer to individuals who were born biologically male and do not currently identify themselves as male, also referred to as male to female (MTF) TG. This priority population includes both adult and young TG.

6. Women at risk

This includes both young and adult women. Services to women must focus on women who inject drugs; exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU.

Services are to be provided only to individuals within the priority populations who are at risk for contracting or transmitting HIV. Services must prioritize individuals who are engaging in behaviors with the greatest risk for contracting or transmitting HIV.

Behaviors understood to place individuals at highest risk for contracting or transmitting HIV are:

- vaginal or anal sex, without the proper use of a condom, with an individual of opposite serostatus, or with an individual of unknown serostatus when one of the individuals is at high risk for HIV (he/she is MSM, IDU, TG, or has other partners who are HIV-positive or are members of those groups);
- sharing drug injection equipment; and
- vaginal sex without the proper use of a condom, between two HIV-positive individuals when there is the possibility of pregnancy.

D. Geographic coverage of service

Maui County

E. Probable funding amounts, source, and period of availability

Probably funding:	$210,000 each fiscal year (pending legislative appropriations and the availability of funds.)
Source of funds:	State
Availability:	1/1/06-12/31/07 with extensions up to 12/31/11 possible

II. GENERAL REQUIREMENTS

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

None

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards: Not Applicable to this RFP

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract:	1/1/06-12/31/07
Length of each extension:	twelve to twenty-four months
Number of extensions possible:	two
Maximum length of contract:	seventy-two months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: extension must be in writing and must be executed prior to expiration of the preexisting contract term.

F. RFP contact person

The individuals listed below are the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received

on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Nighat Quadri, nquadri@camhmis.health.state.hi.us or (808) 733-9281;
STD/AIDS Prevention Branch
State of Hawai`i Department of Health
3627 Kilauea Avenue, Room #304
Honolulu, HI 96816

III. SCOPE OF WORK

The STATE seeks HIV prevention services that are consistent with the recommendations made by the CPG in the Plan. Services sought under this and other RFPs represent interventions prioritized in the Plan for each of the priority populations. For an overview of the prioritization of interventions for each priority population, see *Attachment C*. The STATE seeks HIV prevention activities that are planned and implemented with clear underlying program logic and that are based on interventions models with evidence of effectiveness.

A. Selection of Effective Interventions

This RFP supports interventions with demonstrated evidence of effectiveness in reducing HIV risk behaviors. Interventions proposed in response to this RFP may come from three sources:

1. Interventions Proven to be Effective

There are several resources available that provide information on interventions that have been **researched and proven to be effective in reducing HIV risk behaviors**. These resources recommend interventions designed for specific at-risk groups targeted for services in this RFP. They also provide justification for utilizing a specific intervention with a particular target population. These interventions also offer detailed guidance on specific steps that should be taken in order to ensure that the intervention is implemented effectively.

The websites cited below provide resources for interventions that have been proven via research to be effective in reducing HIV risk behaviors for specific target populations. If you are utilizing any of these interventions in your proposal, you may cite the research that has been done on these interventions to provide evidence that they will have an impact on the at-risk group that you are addressing through implementation of that intervention.

You may utilize information provided in the research to respond to information requested in the RFP, such as: intervention description; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

Similarly, if you are selecting interventions with proven evidence of effectiveness that you plan to **tailor or adapt** regarding (for example) changes in who receives the intervention or where it is delivered, this information must be provided in your proposal. **Further information on adapting or tailoring an intervention is provided in the "Definitions" section of this RFP (*Attachment D*) and in the websites below.**

Listed below are some of the websites for interventions proven to be effective in reducing HIV risk behaviors for specific target populations.

www.cdc.gov/hiv/projects/rep/default.htm - The CDC website for the DEBI interventions (Diffusion of Effective Behavioral interventions). The term "DEBI" refers to the collection of interventions that have been proven by CDC, via research, to be effective in addressing HIV prevention among specific, at-risk groups.

www.cdc.gov/hiv/projects/rep/compend.htm - CDC's website for the Compendium of HIV Prevention Interventions with Evidence of Effectiveness, another group of interventions proven to be effective in addressing HIV risks among target populations.

http://www.mcw.edu/display/router.asp?docid=6269 – The website of the Medical College of Wisconsin's Center for AIDS Intervention Research (CAIR). The "Partners in Prevention" manuals found on this website address two at-risk groups: MSM and women. The manuals were developed in an attempt to fill the gap between HIV prevention research findings and applied practice in community settings.

http://www.caps.ucsf.edu/projectindex.html - This website is the product of CAPS, the Center for AIDS Prevention Studies at the University of California at San Francisco (UCSF). It contains information on HIV prevention programs have been designed by CAPS researchers and have either been evaluated or are in the process of evaluation. CAPS research addresses several at-risk groups, including MSM, TG and IDU.

www.effectiveinterventions.org – The website on the DEBI interventions managed by the Academy for Educational Development (AED), a national organization funded by CDC to provide technical assistance on HIV prevention and related issues.

www.utsouthwestern.edu/preventiontoolbox - The website of the University of Texas Southwestern that provides information on the DEBI interventions.

You may be familiar with other resources and websites that contain information on interventions proven to be effective in reducing HIV risk behaviors. If so, you may propose interventions utilizing this information. You must supply all the information related to the intervention that is requested in Section 3 of this RFP.

For agencies proposing to implement an individual level intervention (ILI) for a specific population addressed in this RFP, the SAPB will provide a training on Project RESPECT - a DEBI ILI - in Fall 2005. Therefore, you may choose to propose Project RESPECT as an ILI intervention in your proposal. The website for Project RESPECT is: http://www.cdc.gov/hiv/projects/rep/RESPECT.htm

2. Interventions With Non-Proven (Non-Researched) Evidence of Effectiveness

Agencies may have **local evidence that specific interventions they have developed appear to be effective in addressing behavior of individuals at-risk for HIV. This evidence is not based on empirical research, but, instead, is based on the experience of the agency over time in implementing specific interventions for groups at-risk for HIV.**

In this case, the intervention that is being proposed has not been researched and proven to be effective in reducing HIV risk behaviors; that is, there is not researched or published verification of the effectiveness of the intervention. Therefore, the agency will be responsible for providing a rationale and justification for the utilization of a non-proven or non-researched intervention for a specific at-risk population (i.e. because this intervention does not have proven evidence of effectiveness, documentation of the effectiveness is the responsibility of the agency).

The agency will provide the information requested in this RFP from their own experience regarding the implementation of the proposed intervention. The agency will develop the justification and rationale for the selection of the intervention. This justification will be based on the agency's data, understanding and knowledge from their collective experience in addressing components of the intervention. Examples of these components

are: intervention description; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

3. Interventions that are a Combination of Interventions Proven to be Effective (see Section I) and Interventions With Non-Proven (Non-Researched) Evidence of Effectiveness (see Section II)

Agencies may also propose a "hybrid" intervention: This is an intervention that contains elements of an **intervention that has been researched and proven to be effective in reducing HIV risk behaviors** (see section I above), accompanied by elements of an **intervention that has not yet been proven to have evidence of effectiveness** (see section II above). Again, agencies will have to provide justification and rationale for the selection of an intervention that is based on information from both sources.

In responding to questions in the RFP regarding this intervention, you may cite research from the **proven intervention** in combination with **information obtained by the agency from their experience in implementing a non-researched intervention** with members of a target population at risk for HIV. The information provided in the proposal will be an integration from both intervention sources.

Again, justification for utilizing a "hybrid" intervention will be based on the agency's data, understanding and knowledge from their collective experience in addressing components of the intervention. Examples of these components are: intervention description; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

For any of the intervention types selected above, consult the RFP "Definitions" *(Attachment D)* for further information regarding intervention selection, justification, development and/or implementation.

Note the distinction between the definitions for "intervention level" and "intervention model" to be found in the RFP "Definitions" (*Attachment* D):

***Intervention Level:** indicates the broad intervention type being referred to, such as ILI, GLI, CLI, PCM, and HC/PI.

***Intervention Model:** indicates a specific program designed and developed to address risk behavior among target groups. Examples of intervention models are: Mpowerment, The SISTA Project, and Healthy Relationships.

B. Required Service Activities

The "required service activities" described in this section (*items 1 - 4 below)* represent the highest priority interventions in the Plan. Applicants must propose, and have the capacity to provide, these required interventions.

1. HIV Antibody Counseling, Testing and Referral Services (CTR), including Partner Counseling and Referral Services (PCRS)

As stated in the Plan, CTR is a critical intervention for every priority population. It is critical that individuals who are HIV infected learn their HIV status. Individuals who find out that they are HIV infected can access medical interventions to maintain their health, and can take steps to reduce their risk of transmitting HIV to others. Individuals with current high risk behavior who do not test HIV positive can be supported in retesting at appropriate intervals, and can be provided with assistance in changing their current high-risk behaviors.

When an individual tests positive for HIV, voluntary PCRS is an integral part of CTR. PCRS is offered whenever the individual testing positive has had partners who may need to be made aware that they should consider accessing CTR. PCRS can involve assisting the client in planning and skill-building to notify partners directly, or eliciting partner names and locating information so that SAPB staff can notify partners while maintaining the anonymity of the client, or a combination of both.

CTR may only be conducted by individuals who have been trained and maintain current certification by the SABP to perform CTR. The SAPB CTR Training/Quality Assurance Coordinator will be available to support agencies in implementing effective, appropriate CTR services. The SAPB will provide contractors with test kits and materials to conduct OraSure® testing and will provide for processing of these tests through the State Laboratory.

CTR must be conducted in accordance with current STATE policies and procedure for CTR. **All contractors will be expected to ensure that at least 80% of individuals accessing testing receive their test results.** For appropriate clients, CTR activities must provide PCRS, STD and viral hepatitis education and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations. **All of the staff members who make up the required FTE for this RFP (see *section B.1.a. [Staffing]*) must be available to perform CTR.**

The SAPB is not currently able to support CTR using rapid test technologies. However, the SAPB anticipates implementing rapid testing in the future. Should rapid testing be implemented during this contract period, contractors will be expected to collaborate with the SAPB to implement rapid testing.

2. Prevention for Positives (P4P)

P4P activities will consist of the following:

a. Outreach and recruitment to physicians and community agencies - P4P coordinators will actively engage in outreach and recruitment efforts in their respective communities in order to enhance their capabilities of linking with and recruiting potential HIV+ clients. These outreach and recruitment activities will occur in physicians' offices and with community agencies. Coordinators will prioritize collaborations with physicians who provide services for HIV+ clients. Coordinators will also identify community agencies that may serve clientele who are HIV+, such as community health clinics, other community clinics (such as those that provide social services), drug clinics, homeless shelters and other such sites.

b. ILI - shall be provided as a main component of P4P services. ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her/his risk for transmitting HIV to others. The intervention must include activities to build appropriate skills the client can use in reducing their risk. ILI shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations for appropriate clients. To meet the needs of the client,

P4P ILI services must be available outside of provider agency's office, and must include recruitment activities.

3. Public Sex Environment (PSE) Outreach to MSM (including MSM/IDU)

Extensive outreach in PSEs shall be conduct to reach MSM and engage them in services. PSEs are locations such as parks and beaches that are frequented by men seeking sexual contacts with other men and are the sites of at least some sexual activity among men. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, viral hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages, as appropriate, to CTR, STD and hepatitis C screening and treatment, hepatitis A and B vaccinations, and P4P services. **The minimum staffing requirement for this activity is stated below in *section C.1.a. (Staffing)*.**

4. Outreach to TG and Women at Risk

Outreach shall be conducted to reach TG and women at risk and engage them in services. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, viral hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages, as appropriate, to CTR, STD and hepatitis C screening and treatment, hepatitis A and B vaccinations, and P4P services.

5. Integration of Sexually Transmitted Disease (STD) and Viral Hepatitis Services in HIV Prevention

STD and viral hepatitis integration activities are **required** under this RFP.

a. STDs: Syphilis, Gonorrhea & Chlamydia

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improves the health of those infected and prevents further spread of these diseases, but may also play a significant role in reducing the spread of HIV. The Centers for Disease Control & Prevention (CDC) recommends that sexually active MSM receive STD screening at least annually. Screening for other populations should be based on assessment of risk. Appropriate clients should be informed about STD risks and the importance of STD screening, and should be encouraged and supported in accessing STD screening from their healthcare provider. Linkages to STD screening and treatment should

be incorporated into HIV prevention efforts for appropriate clients who are unable to access STD screening through their healthcare provider. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

b. Viral Hepatitis

Many individuals at risk for transmitting or contracting HIV, may also be at risk for transmitting or contracting viral hepatitis. The U.S. Public Health Service highly recommends that people living with HIV be screened for hepatitis C and receive hepatitis A and B vaccinations. The CDC highly recommends that IDU be screened for hepatitis C; MSM and IDU receive hepatitis A and B vaccinations; and individuals from other populations be screened for hepatitis C and receive hepatitis A and B vaccinations as indicated by risk assessment. Appropriate clients should be informed about hepatitis risk and importance of hepatitis C screening and hepatitis A and B vaccinations, and should be encouraged and supported in accessing these services through their healthcare provider. Appropriate clients who are unable to access these services through their healthcare provider should be linked to publicly funded services. Vaccinations for hepatitis A and B and hepatitis C screening are available through the Department of Health counselor and tester(s) in each county. The SAPB Hepatitis C Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs.

C. Allowable Service Activities

The "allowable service activities" described in this section represent interventions given a medium priority in the Plan. These interventions were prioritized higher than other interventions that will not be funded, but lower than the interventions required above. The limited resources available in this RFP are insufficient to support all of these allowable service activities in addition to the required service activities. Applicants may propose to provide only the required activities, or may propose to provide any one or any combination of these allowable activities in addition to the required activities. The selection of allowable activities should be based on the needs of the community, resources available, and agency capacity.

1. P4P Prevention Case Management (PCM)

Some individuals living with HIV face considerable barriers to reducing their risk for transmitting HIV to others, and their risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-building that occur during ILI. These individuals may be able to reduce their

risk through participation in a PCM intervention. PCM programs are required to have a written program protocol. During a PCM intervention, issues such as substance use, mental health, housing, and medical services are often addressed when they create barriers to HIV risk reduction. The focus and intent of the intervention, however, must always be reducing HIV risk behavior. Since PCM includes substance use and/or mental health counseling services, it requires the availability of staff with appropriate clinical skills to provide these services. In addition, an effective PCM program often depends upon the availability of resources in the community to address mental health and substance use counseling needs. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM**.** While PCM counseling sessions are generally client-centered, clients are likely to have a range of needs not directly related to HIV prevention and the provider must maintain an HIV prevention focus within the intervention. For appropriate clients, PCM services shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations. **An agency will only be permitted to provide PCM if it has a written program protocol and staff with appropriate clinical skills are available or can be hired.**

2. PCM for MSM/IDU

PCM, as described above, may be provided to MSM/IDU. For MSM/IDU receiving PCM who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and retesting at appropriate intervals.

3. P4P Group-level Intervention (GLI)

GLI aim to change individuals' behaviors in group settings. GLI is a multiple session intervention that includes risk reduction information and skills building components. In GLI, interaction takes place not only between individual participants and the provider, but also among participants. Whenever possible and appropriate, GLI activities shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations.

4. GLI for MSM, TG and/or Women at Risk

GLI, as described above, may be provided to MSM, TG and/or women at risk. For individuals participating in GLI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and CTR

should be made available in conjunction with the GLI. Whenever possible and appropriate, GLI activities shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations.

5. ILI for high risk negative MSM/IDU, MSM, TG and/or Women

ILI, as described above, may be provided to MSM/IDU, MSM, TG and/or women who are HIV negative or who are unaware of their status and who exchange sex for money or drugs; inject drug; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. For individuals in ILI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encourage and supported in accessing CTR, and retesting at appropriate intervals. ILI shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C screening and treatment, and hepatitis A and B vaccinations for appropriate clients.

6. CLI for MSM

CLI are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. CLI involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention. CLI may be provided to MSM.

D. Management Requirements (minimum and/or mandatory requirements)

1. Personnel

a. Staffing

Services requested in this RFP shall be provided by a minimum of 3.5 **FTE** prevention workers for the provision of direct services. Of this, at least **.5 FTE** must be devoted to providing PSE outreach to MSM.

There must be a designated P4P specific staff person. This person is neither required to dedicate all of his/her time to P4P services, nor is

required to be the sole provider of P4P services. P4P services should be provided by the staff person deemed most appropriate for a particular client. As for all staff providing direct services under this RFP, the P4P-specific staff person must be available to provide CTR. In addition, the P4P-specific staff person should provide at least some of the P4P ILI.

b. Staff Training and Development

The contractor shall ensure:

(1) HIV Counselor/Tester Certification: each of the staff members who make up the required FTE for this RFP (see *a. Staffing* above) shall maintain current HIV counselor/tester certification from the SAPB;

(a) Initial Certification: in order to be eligible for certification, new or not yet certified staff shall complete the five-day *Fundamentals of HIV Counseling and Testing and Partner Counseling and Referral Services* course; and complete CTR observation by the SAPB CTR Training/Quality Assurance Coordinator (or by a counselor/tester designated by the SAPB). The SAPB makes every effort to offer these courses when needed;

(b) Maintaining Certification: in order to maintain current certification, all HIV counselor/testers shall attend the one-day *Annual HIV Counselor/Tester Update*. This meeting will be held in Honolulu. Any alternate arrangements for maintaining certification shall be at the discretion of SAPB. SAPB makes all decisions regarding certification of individual counselor/testers and certification can be withheld or suspended at the discretion of SAPB;

(2) Evaluation requirements: the contracted agency shall send representation to one SAPB evaluation training each year of the contract. Appropriate representation includes agency personnel involved with evaluation of prevention interventions (for example, the HIV Prevention Director). The contracted agency's staff should meet with the Evaluation Specialist during periodic site visits to discuss evaluation issues and to participate in training on evaluation and data collection;

(3) Outreach Worker Meeting Requirements: Statewide outreach worker meetings are held throughout the year with the intent of supporting outreach workers in delivering high quality HIV prevention services. These meetings provide outreach workers with information, skills building and opportunities to share strategies with other outreach workers. Program staff shall participate in the following outreach worker meetings: P4P for services to persons living with HIV; Gay-MAP for services to MSM; T-CAC for

services to TG at risk; WRAC for services to women at risk; and AIDS Educators Coalition (AEC) for all HIV prevention services. P4P meets three times a year; Gay-MAP, T-CAC, WRAC, and AEC meet biannually. Participation shall include attendance at each of the meetings by a minimum of one staff member who is prepared to represent the provider's program. Each of the staff members who make up the required FTE for this RFP (see *a. Staffing* above) shall attend at least one outreach working meeting during each year of the contract. Meetings are held on O`ahu. Expenses related to staff time, inter-island and ground transportation for attendance at these meetings shall be the responsibility of the contracted agency and should be reflected in the proposed budget. Staff attendance and program representation at each outreach worker meeting shall reported to the SAPB in the quarterly program reports.

(4) New Staff Training Requirements: new staff members shall receive initial training within sixty (60) days of employment. This training shall ensure that they:

(a) have correct factual knowledge of HIV, STDs and hepatitis, including:
   i. history and epidemiology of the HIV epidemic
   ii. biology of HIV
   iii. modes of HIV transmission
   iv. information on STDs
   v. information on hepatitis A, B & C
   vi. populations at risk for HIV
   vii. utilizing theories of behavioral interventions
   viii. treatment of HIV infection
   ix. community resources statewide
   x. HIV antibody counseling and testing sites statewide

(b) understand clearly the populations to be served under this contract

(c) understand the purposes of activities they will be implementing

(d) are oriented to behavioral interventions

(e) understand basic methods and uses of evaluation

(f) are familiar with the specific requirements of the contract

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;

(5) Outreach Training Requirements: all prevention workers receive appropriate training on an on-going basis. SAPB and SAPB contractors will provide, at no charge, various types of training to the staff of agencies contracted to provide HIV

prevention services under this and other RFPs. During each year of the contract and in addition to activities required above in items (1)-(4), each prevention worker working more than .5 FTE shall complete a minimum of two days of SAPB-approved training, and each prevention worker working .5 FTE or less shall complete a minimum of one day of SAPB-approved training. Completion of training requires attendance for the entire duration of a training course. Attendance at part of a scheduled training cannot fulfill all or part of this contractual obligation: attendance at two days of a three day training would not fulfill any part of a worker's training requirement since the worker would have failed to **complete** the training. Although the SAPB will attempt to make training available on neighbor islands if possible, most training will be provided on O`ahu. Applicants should plan and budget with the assumption that meeting these training requirements will involve travel to O`ahu. Expenses related staff time, inter-island and ground transportation, and overnight accommodations for participation in this training shall be the responsibility of the contracted agency and should be reflected in the budget. Completion of training by each staff member shall be reported to the SAPB in the quarterly program reports.

2. Administrative

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

a. fiscal or accounting policies and procedures, or both;
b. written personnel policies and procedures;
c. written program policies and procedures;
d. written policies required by applicable federal, state, or county laws; and
e. client and employee grievance policies and procedures.

3. Quality assurance and evaluation specifications

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The applicant shall describe how it plans to evaluate its program and use that information internally for program. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 7.a Reporting Requirements for Program and Fiscal Data.*

The contracted agency shall plan to devote a significant amount of time to evaluation activities which includes activities related to implementation and use of the Program Evaluation and Monitoring System (PEMS).

In addition, throughout the contract period, the contracted agency will also be required to:

a. discuss any planned **outcomes monitoring** or **outcomes evaluation** activities with SAPB before implementation;
b. submit any instruments used for **outcomes monitoring** or **outcomes evaluation** to SAPB for review;
c. participate in any evaluation activities conducted by the SAPB or its contractors;
d. submit any proposed **outcomes evaluation** studies involving prevention interventions funded by SAPB, even if the evaluation itself is not funded by SAPB, to the DOH institutional review board (IRB) for approval, as required by DOH policy;
e. conform to changes in reporting requirements mandated by the STATE;
f. collect and submit required data as mandated by SAPB; and
g. make available HIV prevention data for audit by SAPB.

4. Performance measurements

Program activities must clearly explain their program logic and should be based on intervention models with proven effectiveness. Whenever possible, proposed programs should be based on programs found to be proven effective in the published literature. Program logic should link the intervention with the pertinent performance measures.

The contract based on this RFP will include performance measures operationalized as objectives for each intervention. The applicant is required to propose appropriate and realistic objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be evaluated based on its performance on objectives during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

All interventions will have associated objectives and the applicant must explain the intended results of all interventions in their proposal. Measurement of objectives can be accomplished using data collections forms provided by SAPB.

5. Experience

Not applicable

6. Coordination of services

The provider shall be required to coordinate services with SAPB, other SAPB contractors serving the target populations, the SAPB CTR and Partner Notification programs, the statewide P4P Coordinator, and the SAPB Hepatitis C Coordinator.

7. Reporting requirements for program and fiscal data

The contractor shall be required to:

a. provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:
   (1) a **budget report** indicating expenses incurred;
   (2) a **table** indicating the provider's quarterly and year-to-date progress on contract objectives;
   (3) a **narrative report**. The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
   (4) **any additional information requested** by SAPB to satisfy program monitoring requirements.

b. report data to the State using the **internet-based Program Evaluation and Monitoring System (PEMS**) as required by SAPB. This may include program-level and client-level data for clients in HIV prevention interventions, in accordance with the CDC and DOH guidelines for data collection and data submission.

c. provide the State with an **annual** or **final written report** within thirty (30) days after the end of each contract year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. An annual report is required at the end of each fiscal year of an ongoing

contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period. Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

8. Pricing structure or pricing methodology to be used

Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

9. Units of service and unit rate

Not applicable

IV. FACILITIES

Not applicable

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section, including all attachments.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *Proposals must be in a standard 12 point font, single spaced, single sided, with one inch margins.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. PROGRAM OVERVIEW

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. EXPERIENCE AND CAPABILITY

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities. Contractors will be required to enter and report client-level and other program data using PEMS. Significant training will be provided to CBOs, including outreach workers, to assist with PEMS implementation.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. PROJECT ORGANIZATION AND STAFFING

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

IV. SERVICE DELIVERY

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including the following:

Proposed Interventions

As described in Section 2, proposed interventions must include the Required Services Activities and may include any of the Allowable Service Activities. Interventions to the indicated populations other than the Required and Allowed Services Activities cannot be funded through this RFP.

A. Counseling, Testing and Referral (CTR)

1. Descriptive Information

Provide a detailed description of how this program will increase the use of HIV counseling and testing among high-risk individuals within the focus populations. In the proposal, include responses to each of the following question, numbering each response to correspond to the numbering below (e.g., a , b…). ***Complete the following questions (a – e) separately for each target population;***

a. How will the program promote counseling and testing?
b. How will the program provide these services directly through outreach counseling and testing?
c. How will the program collaborate with other counseling and testing services?
d. How will the program link appropriate counseling and testing participants to other prevention services, and to which services individuals will be linked?
e. How will the program link HIV positive counseling and testing participants to partner notification, P4P, care and case management services?

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for CTR. Progress on objectives will be determined using information collected by the contracted agency.

a. By the end of each contract year, the contractor will provide HIV antibody CTR to at least (*number*) sexual or needle sharing partners of individuals living with HIV.
b. By the end of each contract year, the contractor will provide HIV antibody CTR to at least (*number*) MSM.
c. By the end of each contract year, the contractor will provide HIV antibody CTR to at least (*number*) IDU.
d. By the end of each contract year, the contractor will provide HIV antibody CTR to at least (*number*) women.
e. By the end of each contract year, the contractor will provide HIV antibody CTR to at least (*number*) TG.
f. The contractor shall ensure that of all HIV antibody testing conducted for females, at least 50% shall be for individuals who report one or more of the following risks, which shall be documented on the test requisition form: IDU, trading sex for money or drugs, one or more sexual partner(s) who is HIV-positive, MSM, or IDU, and/or sex with multiple partners while under the influence of crystal methamphetamine or crack cocaine.
g. The contractor shall ensure that of all HIV antibody testing

conducted for males, at least 75% shall be for individuals who report one or more of the following risks, which shall be documented on the test requisition form: MSM, IDU, and/or one or more sexual partner(s) who is HIV-positive or IDU.

h. The contractor shall have a return rate of at least 80% for HIV antibody testing results within each of the targeted high-risk populations.

i. The contractor shall have an overall return rate of at least 80% for all HIV antibody testing.

j. Should the contractor begin using rapid test technology, the contractor shall have a return rate of at least 90% for HIV antibody test results to individuals targeted with the rapid test.

B. Outreach

1. Descriptive Information

Provide a detailed description of how this program will increase the use of outreach among high-risk individuals within the focus populations. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b …). ***Complete these questions (a - e) separately for each target population.***

a. What **priority population** will you target for outreach?

b. Provide an **overview (description)** of this intervention.

c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, and other features of the intervention)?

d. Indicate **site/physical setting** at which outreach and recruitment will occur.

e. Describe the **protocol/ procedure** of the intervention, including each of the intervention's activities.

2. Objectives

a. The number of outreach contacts to be made with each target population (*e.g., by the end of each contract year, at least* (*number*) *outreach contacts will be made with MSM in PSEs*)

b. The number of condoms to be distributed to outreach contacts in each target population (*e.g., by the end of each contract year, at least* (*number*) *condoms will be distributed to MSM during PSE outreach*) (Include loose condoms *and* condoms in safer sex kits; include only condoms distributed directly to outreach contacts by outreach workers.)

c. The number of outreach contacts in each target population who receive condoms during outreach (*e.g., by the end of each contract year, at least* (*number*) *MSM outreach contacts will receive condoms during*

PSE outreach)

d. The number of outreach contacts who will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CTR, ILI, GLI, PCM, or STD screening. (e.g., *by the end of each contract year,* (*number*) *MSM outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CTR, ILI, GLI, PCM, or STD screening*)

C. Other Interventions

Other interventions in this section address the following:

- Intervention Levels- such as ILI, GLI, CLI and PCM, and
- Intervention Models- such as SISTA, Healthy Relationships, etc.

For *specific definitions for "Intervention Level" and "Intervention Model", consult the RFP Definitions (Attachment D)*

1. Descriptive Information

The worksheet below lists questions that must be addressed in your proposal. Provide responses to these questions for each population you will address in the proposal ***(exceptions are noted below).*** *If you are utilizing an intervention (e.g. ILI) for more than one population, a worksheet must be completed for each population of that intervention. Follow the format below and please* ***number each response as they are numbered below:***

a. Information about Your Community/Target Population

(1) Name **target population**.
(2) What are the **behaviors** that place number of this target population at increased risk for acquisition or transmission of HIV?
(3) What **factors** influence the above high-risk activities?
(4) Which **1-2 factors** are prioritized that can be addressed by your agency?

b. Selection of Intervention Level and Intervention Model

(1) Specify the **level of intervention** selected (ILI, GLI, CLI)
(2) Which **intervention model** was selected by your agency (such as SISTA, Healthy Relationship, etc)?
  (a) Name the intervention?
  (b) Why was this intervention selected?

(c) How does it meet the needs of your community (related to target population selected and risk behaviors of that group)?

(d) If a non-proven/non-researched intervention was selected, how will it better meet your community's needs?

(3) Identify the **theory and/or skills** that will be developed through your proposed intervention.

(4) Provide a **summary of the selected intervention**, including;

(a) Core elements of the intervention

(b) Describe each intervention/ activity separately including duration and frequency of each activity, and the minimum number of sessions that will constitute completion of an intervention.

(c) Other pertinent information (If proposing PCM, attach protocol)

c. Adaptation of Intervention

(Note: complete this section only if you plan to adapt an existing/ proven/researched intervention.)

(1) Specify the **activities and/or components** that you propose to adapt, and explain why this adaptation better meets the needs of your community or target population.

(2) What **data** supports your proposed changes?

2. Objectives

Progress on objectives will be determined using information collected by the contracted agency. The proposal must include objectives that reflect the information indicated below and should be similar in format to the examples below. ***Write each of the appropriate objectives separately, numbering each objective as it is numbered below:***

a. the number of clients who will be enrolled in the intervention (*e.g., by the end of each contract year, at least 25 MSM will enroll in the "Many Men, Many Voices" GLI*). **(Not applicable to CLI intervention)**

b. the number of clients who will complete the intervention (*e.g., by the end of each contract year, at least 20 MSM will complete all six sessions of the "Many Men, Many Voices" GLI*). Also, state this number as a proportion of those to be enrolled (*e.g., 80% (20/25) of the clients who enroll in the "Many Men, Many Voices" GLI will complete the intervention*). Note that completion rate for ILI, GLI and PCM are among the overall statewide performance measures reported to CDC. The overall statewide year 2006 targets for completion rates

are 50% for ILI; 70% for GLI; and 65% for PCM **(Not applicable to CLI intervention).**

c. the percentage of clients completing the intervention who report a positive change in HIV-related risk behavior (*e.g., by the end of each contract year, at least 35 percent of clients completing the "Many Men, Many Voices" GLI will report a decrease in the frequency of unprotected anal/vaginal sex acts with HIV serodiscordant partners and/or the number of HIV serodiscordant partners*) **(Not applicable to CLI intervention).**

d. Propose objectives that reflect the model upon which the intervention is based **(applicable to CLI intervention only).**

D. Integration of STD and Viral Hepatitis in HIV Prevention Services

Provide a detailed description of the integration activities that will be implemented, including:

1. a description of integration activities and how they will be implemented;
2. program linkages to STD and viral hepatitis prevention involving the priority populations;
3. plans to collaborate with the SAPB counselor/tester(s) on your island to ensure linkages to hepatitis C screening and treatment and hepatitis A and B vaccinations for appropriate clients;
4. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's proposed goals for integration of STD and viral hepatitis into HIV prevention services. Progress on objectives will be determined using information collected by the contracted agency.

Objectives:

1. By the end of each contract year, at least (number) P4P clients will report having received hepatitis A and B vaccination (at any point during the contract year or prior to it);
2. By the end of each contract year, at least (number) of P4P clients will have been screened for hepatitis C (at any point during the contract year or prior to it);
3. By the end of each contract year, the contractor will provide the following referrals for STD services, and/or hepatitis A/B vaccination and/or hepatitis C screening to the indicated populations:
   a. P4P clients: at least (number) referrals;
   b. sexual and drug using partners of P4P clients: at least (number) referrals;
   c. MSM/IDU: at least (number) referrals;
   d. MSM: at least (number) referrals;
   e. IDU: at least (number) referrals;

f. women at risk: at least (number) referrals; and
g. TG at risk: at least (number) referrals.

V. FINANCIAL

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification – Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases

Neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

*SPECIAL BUDGET INSTRUCTIONS:

On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment E: "Sample: Form SPO-H-205"*):

a. column "a" showing the total budget request. For each line, the figure in column "a" must be the sum of the figures in the other columns.
b. column "b" showing all proposed *direct program costs* funded under this RFP;
c. column "c" showing all proposed *administrative costs* funded under this RFP; and
d. additional column(s) showing any proposed expenditures under this RFP that cannot be categorized in columns "b" or "c".

For purposes of this RFP, "direct program costs" include wages and benefits of employees who directly provide services to clients, costs related to contractually required training and attendance at meetings for these employees, and the cost of materials and supplies used to provide contract

services directly to clients. "Administrative costs" include depreciation, lease or rental of space or equipment, the costs of operating and maintaining facilities (including insurance, utilities, telecommunications, etc.,) and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment F: "Sample Narrative Budget Justification"*).

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- A copy of the Applicant's most recent financial audit.

VI. OTHER

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

I. INTRODUCTION

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. EVALUATION PROCESS

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	55 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

III. EVALUATION CRITERIA

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (all required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview*:* No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (20 Points)

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

a. Necessary Skills
- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

b. Experience
- Experience delivering similar services.
- Quality of performance on previous contracts with the state purchasing agency (if any).

c. Quality Assurance and Evaluation
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

d. Coordination of Services
- Demonstrated capability to coordinate services with other agencies and resources in the community.

e. Facilities

- Adequacy of facilities relative to the proposed services.

2. Project Organization and Staffing (15 Points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

a. Staffing

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to ensure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

b. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. Service Delivery (55 Points)

The State will evaluate the applicant's approach to the service activities and management requirements outlined in the Proposal Application, including:

- Logic of the work plan for the major service activities and tasks to be completed.
- Clarity in work assignments and responsibilities.
- Clarity and detail of planned activities.
- Extent to which activities are based on models with evidence of effectiveness.
- Extent to which proposed objectives are reasonable and based on past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of the RFP, given the capacity, time and resources available.
- Realism of the timelines and schedules, as applicable.

4. Financial (10 Points)

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.

- The budget fully supports the scope of service and requirements of the RFP.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

A. Proposal Application Checklist

B. Sample Table of Contents

C. CPG Prioritization of Interventions

D. Definitions and Abbreviations

E. Sample Form SPO-H-205

F. Sample Narrative Budget Justification

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at http://www.spo.hawaii.gov Click *Procurement of Health and Human Services* and *For Private Providers.**

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment A	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP	**X**	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	**X**	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	**(Required if not Registered)**	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			**X**	
SPO-H-205	Section 3, RFP	SPO Website* Special Instructions are applicable, Section 5	**X**	
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*	**X**	
SPO-H-206B	Section 3, RFP	SPO Website*	**X**	
SPO-H-206C	Section 3, RFP	SPO Website*	**X**	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	**X**	
SPO-H-206F	Section 3, RFP	SPO Website*	**X**	
SPO-H-206G	Section 3, RFP	SPO Website*	**X**	
SPO-H-206H	Section 3, RFP	SPO Website*	**X**	
SPO-H-206I	Section 3, RFP	SPO Website*	**X**	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Narrative Budget Justification		Section 5, RFP	**X**	
Service Delivery Plan Form		Section 5, RFP	**X**	

_____ _____
Authorized Signature Date

Organization: _____
RFP No: _____

Proposal Application
Table of Contents

Hawai`i HIV Community Planning Group (CPG)
Prioritization of Interventions for 2005

1. HIV+									
HIV+ MSM/IDU		HIV+ MSM		HIV+ IDU		HIV+ TG		HIV+ ♀	
Oahu	NI	Oahu | NI		Oahu	NI	Oahu | NI		Oahu | NI	
ILI		ILI		ILI		ILI		ILI	
PCM		GLI		HC/PI	PCM	GLI		GLI	
HC/PI		PCM		PCM	HC/PI	PCM		PCM	
CLI	CLI/GLI	HC/PI		GLI		HC/PI		HC/PI	
GLI		CLI		CLI		CLI		CLI	

2. MSM/IDU	3. MSM	4. IDU		5. TG		6. ♀	
Oahu | NI	Oahu | NI	Oahu	NI	Oahu	NI	Oahu	NI
SEP		SEP					
OR	OR	OR		OR		OR	
CTR	CTR	CTR		CTR		CTR	
ILI	ILI	GLI	ILI	GLI	ILI	GLI/ILI	GLI
HC/PI	CLI	ILI	PCM	ILI	GLI		ILI
PCM	GLI	PCM	GLI	CLI		PCM	HC/PI
GLI	HC/PI	HC/PI		HC/PI		HC/PI	CLI
CLI	PCM	CLI		PCM		CLI	PCM

High priority: will be conducted
Medium priority: may be conducted
Low priority: will not be funded

Interventions:
CLI: community-level interventions
CTR: HIV counseling, testing & referral
GLI: group-level interventions
HC/PI: health communication / public information
ILI: individual-level interventions
OR: outreach
PCM: HIV prevention case management
SEP: syringe exchange

Attachment D

Definitions and Abbreviations

RFP DEFINITIONS AND ABBREVIATIONS

I. Definitions Related to Intervention Levels:

Intervention level indicates the broad intervention type being referred to such as: outreach, CTR, ILI, GLI, CLI, PCM, and HC/PI.

Outreach[1] interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. The primary purpose of outreach activities should be targeted toward recruitment into a behavioral intervention or prevention program, as opposed to used primarily for condom distribution. Outreach also involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccinations and treatment, and to PHIP services. Outreach is also a term used to describe a method of delivering interventions such as ILI, CTR and PCM, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

HIV Counseling, Testing and Referral supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

Individual-Level Interventions[1] aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. ILI is a multiple sessions intervention with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her

---

[1] ***Outreach vs. Individual-Level Interventions****: Both outreach and ILI involved one-on-one contact, and since ILI are often provided in outreach settings, these are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an individual-level intervention. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, ILIs, unlike outreach, are intended to be multiple session interventions.*

HIV transmission or infection risk. The intervention must include activities to build appropriate skills the client can use in reducing their risk. These interventions may be peer or non-peer based, and involve a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Individual-level interventions may occur in an outreach or institutional (school, office, workplace, etc.) setting. Individual-level interventions also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Group-level Interventions aim to change individuals' behaviors through risk reduction interactions in group settings. In group level interventions interaction takes place not only between individual participants and the health educator, but also *among* participants. Like individual level interventions, group level interventions include a skills building component. Because of the interactive nature of these groups and the sharing involved, successful groups are often made up of individuals who are members of the same community and who face similar HIV prevention issues. Group level interventions may use peer and non-peer models involving a wide range of skills, information, and support. Group level interventions do not include single session education presentations or lectures. Those activities are considered Health Communication/Public Information.

Community Level Interventions are a distinct class of programs characterized by their scope and objectives. Community level interventions are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention.

Prevention Case Management is a more intensive intervention than ILI for individuals with multiple, complex problems that create barriers to reducing risk for transmitting or contracting HIV. PCM is a hybrid of HIV risk reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of PCM must be to reducing HIV risk. PCM is a multiple sessions intervention, with sessions lasting at least 30 minutes.

Health Communication/Public Information involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support of safe behavior, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. While public information often includes activities directed to the general public, priority should be given to efforts directed at hard-to-reach members of the focus population and subgroups covered by this RFP. Health communication/public information activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures.

II. Definitions Related to Implementation of Specific Interventions

Adaptation involves changes in who receives an intervention and where the intervention is delivered.

Core Elements are critical features of an intervention that are thought to be responsible for its effectiveness. To ensure program effectiveness, they cannot be ignored, added to, or changed.

Evidence-Based Interventions are interventions that have been tested using methodologically rigorous designs and have been shown to be effective in research or clinical settings.

Fidelity is maintaining the core elements, protocols, procedures, and content that made the original intervention effective.

Interventions are sets of related activities intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals to reduce their health risk.

Intervention model is a specific program designed and developed to address risk behavior among target groups, such as MSM, IDU and TG. Examples of intervention models are: Mpowerment, The SISTA Project, and Healthy Relationships.

Key Characteristics are crucial activities and delivery methods for conducting an intervention that can be adapted or tailored to meet the need of the target population.

Tailoring involves changes in **when** it is delivered, **what** is addressed, and **how** the message is conveyed.

III. Definitions Related to Evaluation:

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish–the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is "to decrease the transmission of HIV infection among MSM in Hawai`i."

Objectives are statements of what a program will do or achieve in order to reach the program's overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe a **process**, or an **outcome** of a program:

> **Process Objectives** state what activities will be *conducted by program staff* in order to accomplish one or more of the program's outcome objectives. Each process objective must be accompanied by process evaluation activities.
>
> **Outcome**[2] **Objectives** are the intended results of a program. Outcome objectives are phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Most outcome objectives specify a change in what members of the target population do or express after program participation. These changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program's stated goal.

Process Monitoring collects data describing the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: *"What services were delivered?"* and *"What population was served"* and *"What resources were used?"*

Process Evaluation examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions *"Was the intervention*

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[2] ***Outcomes*** *and* ***Impacts****: The terms "outcome" and "impact" are often used interchangeably or with opposite meanings. We will use "outcome" to refer to the immediate results of an intervention, and "impact" as the longer range results.* ***Outcomes*** *are the result of your intervention, while* ***impacts*** *are likely to be the results of many factors and not just a single intervention.* ***Impacts*** *in HIV prevention are often expressed as changes in the number of new HIV infections.*

implemented as intended?" and *"Did the intervention reach the intended audience?"* and *"What barriers did clients experience in accessing the intervention?"* Process evaluation activities should measure, at a minimum, progress on specific process objectives as well as how that information is being used for program improvement.

Outcomes Monitoring measures changes in clients' knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a "comparison group" of individuals who do not participate in the intervention so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: *"Did the expected outcomes occur?"* Outcomes monitoring activities should measure, at a minimum, progress on specific outcomes objectives and how that information is being used for program improvement.

Outcomes^2 Evaluation measures changes in clients' knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a "comparison" group means that client changes can be attributed to the intervention. Outcomes evaluation answers: *"Did the intervention cause the expected outcomes?"*

Primary HIV Prevention

Primary prevention activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

The definitions above are drawn from a number of sources, including: "Evaluating CDC-funded Health Department HIV Prevention Programs," August 2001; "CDC Announcement 99004: HIV Prevention Projects;" "Replicating Effective Behavioral Interventions" course material, California Prevention Training Center, 1/27-28/2005"Program Evaluation: A One Day Overview" course manual, San Francisco STD/HIV Prevention Training Center, 11/4/1996, and "Using Evaluation for Program Improvement and Capacity Building," participant notebook, CDC/ORC Macro Training, Berkeley, CA, 3/25-26/2002.

IV. Abbreviations

ADA	Americans with Disabilities Act
AEC	AIDS Educators Coalition meetings. Formerly known as AIDS Educators Quarterly (AEQ)
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention
CTR	counseling, testing and referral
DOH	Hawai`i Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week
Gay MAP	The statewide outreach worker meetings for HIV prevention to MSM
GLI	group-level intervention
HIV	human immunodeficiency virus
IDU	injection drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.
MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others.
PCM	prevention case management

PCRS	partner counseling and referral services
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.
SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	The statewide outreach worker meetings for HIV prevention to TG at risk
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	The statewide outreach worker meetings for HIV prevention to women at risk

BUDGET

(Period _____ to _____)

Applicant/Provider: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Service Costs (b)	Adminstrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries	70,000	65,100	4,900	
2. Payroll Taxes & Assessments	8,644	8,039	605	
3. Fringe Benefits	7,000	6,510	490	
TOTAL PERSONNEL COST	**85,644**	**79,649**	**5,995**	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	3,640	3,640	0	
2. Airfare, Out-of-State	0	0	0	
3. Audit Services	0	0	0	
4. Contractual Services - Administrative	350	0	350	
5. Contractual Services - Subcontracts	0	0	0	
6. Insurance	500	0	500	
7. Lease/Rental of Equipment	1,200	0	1,200	
8. Lease/Rental of Motor Vehicle	0	0	0	
9. Lease/Rental of Space	5,000	0	5,000	
10. Mileage	1,000	1,000	0	
11. Postage, Freight & Delivery	100	0	100	
12. Publication & Printing	0	0	0	
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies	1,233	980	253	
17. Telecommunication	700	0	700	
18. Transportation	358	358	0	
19. Utilities	275	0	275	
20				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	**14,356**	**5,978**	**8,378**	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)	**100,000**	**85,627**	**14,373**	

SOURCES OF FUNDING	
(a) Budget Request	100,000
(b)	
(c)	
(d)	
TOTAL REVENUE	**100,000**

Budget Prepared By:

Name (Please type or print) Phone

Signature of Authorized Official Date

Name and Title (Please type or print)

For State Agency Use Only

Signature of Reviewer Date

Form SPO-H-205 (Effective10/01/98)

SAMPLE: NARRATIVE BUDGET JUSTIFICATION

2005 HIV Prevention Budget and Justification

I. PERSONNEL **$502,500**

Request includes 16 previously funded positions.

A. Disease Intervention Specialists (DIS) $265,200
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4), (Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O`ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai‘i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua’i.

B. Clerk Stenographer 0.50 FTE $11,500

(Employee 10)
This position is under the DOH and will be housed on O`ahu. 50% of the position is charged to this budget. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

C. Public Health Educator IV $138,700
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O`ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

II. FRINGE BENEFITS 27.17% x $502,50 $136,529

TOTAL PERSONNEL COSTS **$639,029**

III. TRAVEL **$44,880**

A. In-state Travel $18,100
1. Interisland Travel $15,700

a. Counseling and Testing $2,530

This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include $300 ($74 per person x 4 people) air fare; per diem costs of $160 ($40 per day

x 4 people); car rental costs of $40; and airport parking fees of $40 ($10 per day x 4 people).

Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include $150 ($74 per person X 2 trips) airfare; per diem costs of $720 ($80 per day X 9 days); car rental costs of $360 ($40 per day X 9 days); and airport parking fees of $100 ($10 per day X 10 days).

b. Community Planning $13,170

This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (CPG) and CPG committee meetings. The costs of the meetings include $6,660 ($74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.

2. Mileage $2,400

Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS prevention activities. The estimated cost is $2,400 ($50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is $200 ($17 per month X 12 months).

IV. SUPPLIES $94,000

A. ELISA Kits (serum) $50,400
$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is $50,400. (16,800 tests X $3.00/test)

B. Reagents and Laboratory Supplies $5,500
($25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

C. Other Counseling and Testing Supplies $17,500

1. Laboratory Forms $8,250

11,000 forms X $.75 per form

2. Paper Supplies and Printing Costs $1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies $8,250

This amount is necessary to purchase vacutainers, needles, needle holders, bandaids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at $0.75 per patient.

D. HIV Antibody Counseling and Testing Supplies (oral) $13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits
1,620 tests X $4.00 per test = $6,480

OraSure oral specimen
collection device 1,350 X $3.60 = $4,860

Reagents and other
laboratory supplies $2,060

E. Educational Supplies $7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. The pamphlets are distributed to Hawai`i residents on all islands.

20,000 pamphlets @ $0.36 $7,200